

PART B - FEE(S) TRANSMITTAL

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JUL 14 2004

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30010 7590 07/01/2004

AUZVILLE JACKSON, JR.
 8652 RIO GRANDE ROAD
 RICHMOND, VA 23229

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AUZVILLE JACKSON, JR. (Depositor's name)
 AuZville Jackson Jr (Signature)
 07/14/2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/790,973	03/02/2004	John Ofcharsky	1676(ARL)	2129

TITLE OF INVENTION: PREPACKAGED MOUNTING ASSEMBLY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	10/01/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
PATEL, DHIRUBHAI R	2831	174-058000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 _____
 2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Arlington Industries, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Scranton, PA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 10

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☐ A check in the amount of the fee(s) is enclosed.☒ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

AuZville Jackson Jr

07/14/2004

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01 FC:2501

665.00 OP

02 FC:8001

30.00 OP